

Nov. 24. 2014 3:52PM

## STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's LimoRequest for Reinstatement for Class C Charter  
from Roger Mitchell dba Bel Alre Limousine  
Service, LLC**RECEIVED**

NOV 24 2014

**TRANS DEPT**

[0011/25/14]

No. 6250 P. 3

253563  
253564BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

## TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2014-36ST  
2005 - 44 - TIf this is your first time filing an application with the PSC, you will not  
have a Docket Number. The Commission will assign one to you. If you  
have filed with the Commission before, a Docket Number was assigned  
and should be entered above.

(Please type or print)

Submitted by: Roger Mitchell

Telephone: 843-298-9387

Address: 508 Sparkleberry Lane  
Ladson SC 29456

Fax:

Other:

Email: belalreimo@yahoo.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers  
as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must  
be filled out completely.

## NATURE OF ACTION (Check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Application - Class C Taxi  | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application - Class C Charter   | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus   | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input type="checkbox"/> Application - Class C Non-Emergency   | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application - Class E Household Goods   | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application - Class E Hazardous Waste   | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application   | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Request for Extension to Comply with Order  | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of<br>Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Cancellation of Certificate   | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Suspension  | <input type="checkbox"/> Response                                      |
| <input checked="" type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Name Change on Certificate  | <input type="checkbox"/> Other: _____                                  |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

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No. 6250 P. 2

## CLASS C REINSTATEMENT FORM

## File the original with:

Public Service Commission of South Carolina  
Clerk's Office  
Motor Carrier Matters  
P.O. Box 11649  
Columbia, S.C. 29211  
(803) 896 - 5100  
FAX (803) 896-5199

## Mail or fax a copy to:

S.C. Office of Regulatory Staff  
Transportation Department  
1401 Main Street, Suite 900  
Columbia, S.C. 29201  
(803) 737-0578  
FAX (803) 737-0815

DATE: 11/24/2014**RECEIVED**

NOV 24 2014

Please consider this an application for Reinstatement of my:

☐

Taxi Certificate Number \_\_\_\_\_

☒Charter Certificate Number 7535 - A☐

Charter Bus Certificate Number \_\_\_\_\_

☐

Non-Emergency Certificate Number \_\_\_\_\_

**TRANS DEPT**My certificate was revoked/cancelled on 10/2014 because was in the hospital  
(DATE)I am seeking reinstatement because I was unaware due to being hospitalized.

Bel Aire Limousine Services, LLC  
(Name of Company)

DBA \_\_\_\_\_

(If applicable)

508 Sparkleberry Lane  
(Street Address)

(Mailing Address if different from Street Address)

Ladson SC 29456  
(City, State, Zip Code)

(Signature)

843-296-9387  
(Telephone Number)

President

(Title) Owner, President, etc.